

Health Facilities & Emergency Medical Services Division (HFEMSD)

REPORTABLE OCCURRENCE EXAMPLES

HOME BASED AGENCIES

Revised November 2012

OCCURRENCE REPORTING MANUAL: www.healthfacilities.info

HEALTH FACILITIES INTERNET PORTAL <u>www.cohfportal-egov.com</u>

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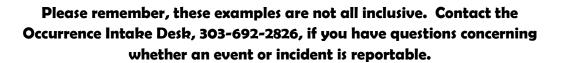
Reportable Home Based Service Occurrence Examples

In an effort to assist your agency in determining if situations are reportable as the various occurrence types, we have compiled some examples that might be of help to you.

We have not included examples for burns, life threatening complications of anesthesia, life threatening transfusion errors /reactions, or spinal cord injuries. Should your agency think that you might have one of these categories to report you can go ahead and do so, or call the Occurrence Team for guidance.

NOTE: If a family member is employed as a caregiver by a home health agency, incidents involving the family member are only reportable if they occur when the family member is "on the clock".

Please remember, these examples are not all inclusive. Contact the Occurrence Intake Desk, 303-692-2826, if you have questions concerning whether an event or incident is reportable.



PHYSICAL ABUSE EXAMPLES

"Any occurrence involving physical... abuse of a patient or resident, as described in section 18-3-202, 18-3-203, and 18-3-204... C.R.S., by another patient or resident, an employee of the facility, or a visitor to the facility." 25-1-124 (2)(d), C.R.S.

2 Elements Needed:

- ➤ Intent OR knowingly OR recklessly
- Bodily injury and/or serious bodily injury, and/or

Unreasonable confinement or restraint (26-3.1-101 (4)(a)(II) C.R.S.)

Note: "Bodily injury means physical pain, illness, or any impairment of physical or mental condition" 18-1-901 (3)(c) C.R.S.

Note: Serious bodily injury is defined as "bodily injury, which involves a substantial risk of death, a substantial risk of serious permanent disfigurement, or a substantial risk of protracted loss or impairment of the function of any part or organ of the body." 18-1-901 (3)(p), C.R.S.



If the elements are met for physical abuse, you have the duty to report the occurrence to law enforcement also. That statute can be found on the last page of our Occurrence Reporting Manual. The police must be contacted immediately, not after you have investigated to see if you believe that the allegation is substantiated. We expect you to follow any directions or instructions given to you by the police.



All patients, not just the victim, must be protected from an alleged assailant pending the outcome of your investigation. For example, a caregiver should be removed from caring for other client or patients pending the outcome of the investigation.



A thorough investigation must be conducted. If you determine that the allegation is not substantiated, you will note that conclusion in your final occurrence report.

 A CNA from ABC Agency was providing non-skilled services to a client. While she was in the home, a staff member from XYZ Agency came to provide care not provided by ABC. The CNA witnessed the XYZ staff person being rough with the client, and yelling at the client, "Shut up," when the client complained that the staff member was hurting her. The CNA reported it to her own agency, and ABC Agency reported the incident to XYZ Agency, the police, and Adult Protective Services.

Is this reportable by ABC Agency? Is this reportable by XYZ Agency?

Because the staff member is employed by XYZ agency and that agency was informed of the occurrence, they are obligated to report it. It would be good practice for ABC agency to check and verify that it was reported given the seriousness of the occurrence.

2. A caregiver arrived at a client's home and found that the house was a "disaster" with items thrown all around. The client reported that her spouse had beaten her up and trashed the house. The client refused to contact the police. The agency notified Adult Protective Services.

Is this reportable by the agency?

This would not be reportable as an occurrence as the agency staff was not the alleged assailant. The agency reported to Adult Protective Services but should also report to police. (See the Occurrence Reporting Manual – Duty To Report Statutes).

3. A client reported to the agency that her caregiver yells at her, and hits her. The client was assigned to a different caregiver. The client has severe and persistent mental illness and is symptomatic with delusions. The caregiver was sent home on administrative leave. Is this reportable by the agency?

Yes, it is reportable. Even though the client has a mental health diagnosis and can be delusional, that does not rule out the possibility of abuse. The facility needs to report the occurrence to police and conduct a thorough investigation.

4. A PCA (personal care giver) went to a client's home and noticed bruises on the client's arms. The client told the PCA that her daughter had caused the bruises when she was trying to take the client's car keys away from her. The daughter does not believe that the client should drive her car with her medical condition. The agency notified the police and Adult Protective Services.

Is this reportable by the agency?

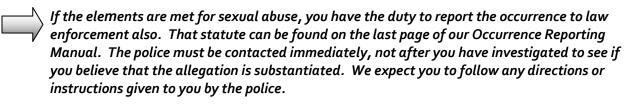
No, it is not reportable as an occurrence. The agency staff member was not the alleged assailant, therefore not reportable. The agency did report to police and Adult Protective Services, which they did need to do.

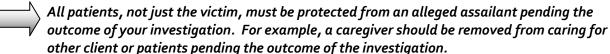
SEXUAL ABUSE EXAMPLES

"Any occurrence involving sexual ...abuse of a patient or resident, as described in section ...18-3-402, 18-3-403, 18-3-404, or 18-3-405 C.R.S., by another patient or resident, an employee of the facility, or a visitor to the facility." 25-1-124 (2)(d) C.R.S.

3 Elements Needed:

- Knowingly
- Consent not given
- > Sexual intrusion or penetration or, touching intimate parts or the clothing covering the intimate parts or, examines or treats resident/patient for other than bona fide medical purposes or, observes or photographs another person's intimate parts or, physical force/threat.





A thorough investigation must be conducted. If you determine that the allegation is not substantiated, you will note that conclusion in your final occurrence report.

 A client reported to her agency nurse that her grandson had molested her. The nurse reported this to the agency case manager. The agency notified the police and Adult Protective Services.

Is this reportable by the agency?

No, this is not reportable because the alleged assailant is not a staff person.

2. An agency staff person was notified by a client that she had been sexually assaulted by her boyfriend. When the client was interviewed, she changed her story and denied the allegation.

Is this reportable by the agency?

No, it is not reportable as an occurrence because staff was not the alleged assailant. Even though the client changed her story, the agency should still contact police.

3. A client contacted the agency and made an allegation that during a shower her caregiver had touched her inappropriately. Is this reportable by the agency?

Yes, it is reportable. The allegation was made against the agency staff member. The agency needs to report it to the Occurrence Program, and to the police. The alleged assailant should not be allowed to provide client patient care during the investigation unless they are being directly supervised.

4. An agency learned that a female CNA was having sexual relations with a male client. When the client was interviewed, he stated that the relationship was consensual. The CNA was terminated.

Is this reportable by the agency?

Whether it is reportable would be dependent on the client's ability to give consent. If he is cognitively intact and able to consent, it would not be reportable as an occurrence.

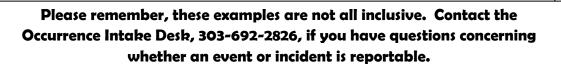
5. A client reported to her agency that a former employee of the agency had made contact with her and during a visit to her home, had touched her inappropriately. At the time of the alleged abuse, the alleged assailant was still an employee of the agency. The client did not report until after he had resigned. Is this reportable by the agency?

Yes, it is reportable because the alleged assailant was employed by the agency at the time of the alleged abuse. The agency needed to contact police and to conduct an investigation. The investigation should include interviewing other clients the former staff member was assigned to, to rule out other possible abuse.

6. A client contacted the agency to report that while providing assistance in helping her dress, her caregiver had touched her breast. An investigation was begun, and when the client was interviewed by the agency and the police, her stories changed and were inconsistent. When this was brought to the client's attention, she admitted that she was angry at the caregiver and trying to get him in trouble. The client has a history of making false accusations.

Is this reportable by the agency?

Yes, it is reportable unless the client retracted her allegation prior to the timeline for reporting as an occurrence. (Occurrences must be reported by the end of the Division's next business day).



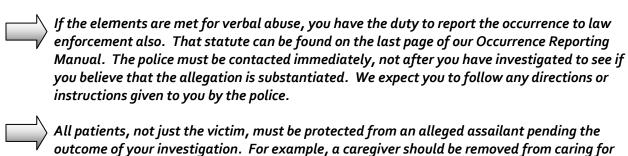
VERBAL ABUSE EXAMPLES

"Any occurrence involving ...verbal abuse of a patient or resident, as described in section ...18-3-206...C.R.S., by another patient or resident, an employee of the facility, or a visitor to the facility." 25-1-124 (2)(d), C.R.S.

3 Elements needed:

- Knowingly
- Threat OR Physical Action (includes threatening gesture)
- Fear of imminent, serious bodily injury

Note: "Serious Bodily Injury" is defined as "bodily injury which involves a substantial risk of death, a substantial risk of serious permanent disfigurement, or a substantial risk of protracted loss or impairment of the function of any part or organ of the body." 18-1-901(3)(p), C.R.S.



other client or patients pending the outcome of the investigation.

A thorough investigation must be conducted. If you determine that the allegation is not substantiated, you will note that conclusion in your final occurrence report.

 An Occupational Therapist (OT) arrived at a patient's front door and heard the patient and her agency caregiver yelling loudly at each other. The OT called 911, and the agency manager. The police arrived and removed the caregiver. The agency manager interviewed the patient who expressed fear of the caregiver. The caregiver was terminated. Is this reportable by the agency?

Yes, it is reportable. The caregiver was yelling, which could be considered threatening. The patient stated that she was afraid, therefore she felt threatened, making it a reportable occurrence.

2. A PCP (personal care provider) asked a client for money. The client refused and the PCP became angry and starting yelling at the client. The client is blind and felt uncomfortable in

[&]quot;A person commits the crime of menacing if, by any threat or physical action, he knowingly places or attempts to place another person in fear of imminent, serious bodily injury." 18-3-206, C.R.S.

the situation. The client asked the PCP to leave, and the PCP did leave. The client notified the agency and the client was re-staffed with a different PCP. Is this reportable by the agency?

Whether this is reportable would depend on if the client was fearful. If so, it would be reportable as an occurrence, and should also be reported to the police. If the client was not fearful, it is not reportable as an occurrence, however, the facility needs to investigate and take appropriate personnel action.

3. The father of a patient was verbally threatening staff. There is a history of violence in this home between family members, and towards staff members. The father threatened to stab the nurse if she left. There is a long line of nurses who have asked to be reassigned from this patient due to feeling unsafe. The agency decided not to provide care for this patient any longer and discharged the patient.
Is this reportable by the agency?

No, this is not reportable as an occurrence because the victim was a staff member not a client. The situation was serious and the agency took action to protect staff. Police should have been notified.

4. The manager of an agency received a phone call from a client who wanted to file a complaint against her caregiver. She stated she sent the caregiver to the store with a list of items to purchase, and the caregiver did not obtain the items specified. An argument ensued. The client stated she wasn't frightened of the caregiver, just very angry and didn't want this caregiver to provide her care any longer. Is this reportable by the agency?

No, it is not reportable because the client was not fearful.

5. An RN witnessed the spouse of a patient yell at the patient. The spouse was frustrated with the client's inability to follow the directions the RN was providing. The patient was crying. Is this reportable by the agency?

No, it is not reportable because the alleged assailant was not a staff member. However, because staff witnessed the abuse, police needed to be contacted.



BRAIN INJURY EXAMPLES

"Any occurrence that results in any of the following serious injuries to a patient or resident: (I) Brain ...Injuries...". 25-1-124 (2)(b)(I) C.R.S

2 Elements needed:

- Result of occurrence AND
- > Change in level of consciousness and/or loss of bodily function OR diagnostic test which shows brain injury
- 1. An agency was notified by a client's family that the client had fallen and had been transported to the hospital with a brain injury. The agency staff was not involved. Is this reportable by the agency?

No, this is not reportable. It would only be reportable if the brain injury happened while staff was providing the care or staff was scheduled/assigned to provide the care.

2. While staff was helping a client shower, the client slipped and fell. The client hit his head and had a loss of consciousness. The caregiver called 911 and the client was transported to the local emergency room. The agency learned that the client did sustain a subdural hematoma.

Is this reportable by the agency?

Yes, because the injury occurred while staff was assisting the client.

3. While transporting a client to the grocery store to do her shopping, the caregiver was involved in a motor vehicle accident. The client hit his head and sustained a concussion. Is this reportable by the agency?

Yes, the injury occurred while the client was under the care/supervision of the staff member. The Division considers a concussion to be a brain injury.

4. An agency caregiver arrived at a client's home and found the client unresponsive. The caregiver called 911 and the client was transported to the hospital. The client left a suicide note, and there was an empty bottle of pain pills. The client did survive the suicide attempt, but had an anoxic brain injury.

Is this reportable by the agency?

No, because the brain injury was a result of the medication overdose and did not involve the staff member.

5. A caregiver was accompanying a client on the bus to a doctor's appointment. As they were disembarking from the bus, the client fell down the steps of the bus and hit his head on the curb. He suffered a laceration to his forehead and was unconscious for a couple of minutes. The caregiver assisted the client into the clinic, which was a few steps away,

where the client's wound was sutured. The client was then sent to the hospital for further evaluation. Is this reportable?
Yes, this is reportable because the staff member was accompanying him and he had a loss of consciousness.
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DEATH EXAMPLES

"Any occurrence that results in the death of a patient or resident of the facility and is required to be reported to the Coroner pursuant to Section 30-10-606, C.R.S., as arising from an unexplained cause or under suspicious circumstances." 25-1-124(2)(a), C.R.S.

2 Elements Needed:

- Occurrence (event) resulting in death
- Reportable to the coroner as unexplained or suspicious (unexplained)
- A medication error occurred during an LPN visit to a patient. The patient's physician was contacted and his instructions followed. There did not appear to be any negative outcome to the patient. A few days later, the agency learned that the patient had been hospitalized and had died.

Is this reportable by the agency?

Yes, because there is a possible connection between the death and the medication error. The agency should report as a death occurrence and the autopsy and/or death certificate would determine if it is reportable.

2. An RN was scheduled for a home visit and tried unsuccessfully to reach the patient by phone. The RN placed a phone call to the patient's physician's office and was advised that the patient had expired, but no information was available to the agency concerning the cause of death.

Is this reportable by the agency?

No, because there is no information that would suggest that the death was related to the care being provided by staff. If later information reveals a possible relationship between care being provided and the death, it would be reportable at that point.

3. The agency was notified by a client's daughter that the client had passed away. The coroner was not involved as it was an anticipated death. Is this reportable by the agency?

No, because there is nothing to suggest the death was related to the agency's care. The death was anticipated.

4. An agency was notified by Long Term Care Options that their patient had expired, but no circumstances concerning the death were known. The agency contacted the Coroner's Office and learned that the patient had been found by his son, with empty pill bottles around him.

Is this reportable by the agency?

Yes, suicides are reportable. We would want to know if the patient had been receiving mental health services and if so, how recently? Had the patient been identified as depressed? Had the patient exhibited recent signs of depression and if so, were they being addressed?

).	A patient did not answer the door for a scheduled CNA visit. The CNA asked the apartment maintenance person to do a welfare check on the patient, and when the maintenance man opened the apartment door, the patient was found expired. Is this reportable by the agency? No, there was no staff present at the time of death and no information to suggest the death was related to staff care.					



DIVERTED DRUG EXAMPLES

"Any occurrence in which drugs intended for use by patients or residents are diverted to use by other persons" 25-1-124 (2) (g) C.R.S.

1 Element needed:

Deliberate



Please keep in mind that drug diversion perpetrators aren't always using the drugs themselves, and wouldn't test positive during drug testing. They might be selling, or taking medications for family or friends who can't afford their medications.

1. A client reported to the agency that she was letting an acquaintance stay in her home, and that she thinks the visitor stole her Lorazepam. The agency advised the client to lock her door and not let the acquaintance back in her home. The agency contacted Adult Protective Services with concerns about the client's ability to make safe decisions. Is this reportable by the agency?

No, it is not reportable. There was no allegation against staff and no suggestion that staff were involved.

2. A staff member was filling a patient's med minder from a new bottle of Vicodin that had just been picked up from the pharmacy. The staff member stated that the prescription bottle was missing 5 tablets. The patient witnessed the staff member counting out the tablets, and verified that the medication was missing. Is this reportable by the agency?

Yes, because there is a possibility of staff involvement or a problem at the pharmacy. The agency needs to explore with the pharmacy why there were missing tablets of Vicodin.

3. An agency received a note from a PCP that she was apologizing for "borrowing" a tablet of pain killer from her client. She stated that she had a migraine headache and needed to take something for the pain so that she could continue with her visit. Is this reportable by the agency?

Yes it is reportable. "Borrowing" medications is considered drug diversion regardless of whether the client had knowingly allowed the staff member to "borrow" the medication.

4. A patient reported that she was missing a bottle of Ambien. She wasn't sure of the date, but it was sometime within the last two weeks. She stated that she thought her PCP took it. The client has many people in and out of her home. Is this reportable by the agency?

Yes, it is reportable because the client is alleging the staff member diverted the medication. Although the client was unsure of when it went missing and other could have taken it, the agency still needs to investigate to determine if their staff did divert. The agency should contact other

clients for whom the staff member provides care to determine if they have had any issues with their medications.

5. An agency received a call from a patient who reported that her nurse had taken "a whole bunch" of her pain pills. She wasn't sure how many. She stated that the bottle was nearly full when she took one in the early morning, and that after her wound care was done, there were hardly any left. The patient stated that she was in the bathroom when the wound care nurse arrived, and that the nurse had waited for her in the bedroom, where the bag containing the bottle of pills was lying on the bed. When asked why she waited until late in the day to report this, she stated that she wanted to see if the nurse would bring them back after she called and told him that she knew he took them.
Is this reportable by the agency?

Yes, it is reportable because the client made a specific allegation against a staff member.

6. A client reported to the agency that her grandson had stolen her bottle of Vicodin. Is this reportable by the agency?

No, this is not reportable because there is no allegation against staff and nothing to suggest staff involvement.



MALFUNCTION/MISUSE OF EQUIPMENT

(*Also see burn examples)

"Any occurrence involving the malfunction or intentional or accidental misuse of patient or resident care equipment that occurs during treatment or diagnosis of a patient or resident and that significantly adversely affects or if not averted would have significantly adversely affected a patient or resident of the facility." 25-1-124 (2) (h), C.R.S.

3 Elements Needed:

- > Malfunction or intentional or unintentional misuse
- Significant adverse affects or potentially-adverse affects
- Occurring during treatment or diagnosis



The following examples would all be reportable as malfunction due to the adverse or potentially adverse effects for patients occurring during treatment or diagnosis.

Along with actual injury to the patient, we would consider the following as adverse effects:

- ✓ Increased time under anesthesia
- ✓ Having to be moved out of a sterile environment to another area during an open procedure
- ✓ Incision having to be re-opened after closure
- ✓ Resulting in additional procedure(s)

This list is NOT all inclusive



*Burns are rarely reportable due to the large size (20% of body area) that must be met. However, most burns have been reportable due to equipment malfunction/misuse or neglect.

1. A friend of a client reported that when she went to visit her friend, there was no response when she knocked on the door. The fire department was contacted and when they entered the home, the client was found on the floor unconscious. The friend stated that the client had a Lifeline button, and she pushed it and it didn't work. The firemen tested it, and it did work. The friend or client had not operated the button correctly. Is this reportable by the agency?

No, it is not reportable. The equipment did not malfunction. It was not a staff member who misused the equipment. Therefore, it is not reportable.

2. A caregiver was assisting a client, who is in a wheelchair, onto a platform to use his electrical lift that allows him to get into his home. The lift is in the garage. As the caregiver was operating the lift, the client's left foot got caught between the lift and the door frame. There is a two to three inch gap between the lift and the door frame. The client alerted the caregiver and she lowered the lift. The care giver assessed the foot and noted bleeding. She applied pressure to the wound, but the bleeding would not stop. The

client is on Coumadin. The caregiver called the agency and was instructed to call 911. The client was transported to the ER. Is this reportable by the agency?

Yes, it is reportable. The caregiver did not use the lift appropriately. The lift was in the garage and the agency was not aware the client had the lift. Therefore, staff had not been trained on use of the lift.

3. A caregiver was doing a fill-in visit. She arrived at the client's home and was helping with housekeeping when the client stated that she wanted to get on her treadmill. The caregiver asked the client if she got on the treadmill often, and the client answered that she did. The client got on the treadmill and when she started to lose her balance, she turned the speed up instead of turning the treadmill off. She fell backward off the treadmill. The caregiver stated she was standing by the treadmill watching the client, but was unable to do anything.
Is this reportable by the agency?

No, it is not reportable. The client chose to use her treadmill and did so independently. The treadmill did not malfunction. The client lost her balance and hit the wrong button.

4. A caregiver was helping a client shower. A leg on the shower chair broke, and the caregiver had to lower the client to the floor of the shower. The client sustained a bruise. The shower chair belonged to the client. Is this reportable by the agency?

Yes, it is reportable. The equipment broke during care being provided by the staff member.

MISAPPROPRIATION OF PROPERTY

"Any occurrence involving misappropriation of a patient's or resident's property. For purposes of this paragraph (f), "Misappropriation of a patient's or resident's property" means a pattern of or deliberately misplacing, exploiting, or wrongfully using, either temporarily or permanently, a patient's or resident's belongings or money without the patient's or resident's consent" 25-1-124 (2)(f), C.R.S.

2 Elements Needed:

- Deliberate misplacing, exploiting, or wrongful use of a patient's or resident's property or a pattern of misplacing, exploiting, or wrongful use of a patient's or resident's property AND
- Patient/Resident consent not given
- A client called with a complaint that approximately \$1000.00 was taken out of her debit card account. She suspected a PCP that had been working in her home. The PCP is no longer employed with this agency. Is this reportable by the agency?

Yes, it is reportable. The staff member was an employee at the time that the money was alleged to have been misappropriated. Also, the client specifically alleged the former staff was the perpetrator.

2. The son of a former client contacted an agency with an allegation that some of his mother's checks had gone missing and approximately \$900.00 was taken from her account over a 3 month period about 6 months ago. He suspected the care provider that worked for her during this time.
Is this reportable by the agency?

Yes, because an allegation was made against an employee and the alleged misappropriation happened while a client of the agency.

3. A detective arrived at an agency and asked if a certain person was their employee. This was verified, and the employee was called to the office. When she arrived, and was questioned by the detective, she admitted to taking checks from her clients and cashing them. She was terminated immediately. Is this reportable by the agency?

Yes, it is reportable. She admitted to the misappropriation.

4. A client reported to an agency that she suspected that her caregiver had stolen a ring and a pair of earrings. She did not see the caregiver take them. The client has a history of making false accusations. The caregiver denied taking the items. Is this reportable by the agency?

Yes, it is reportable. The client made an allegation against a specific staff member and the agency needs to investigate, regardless of the client's history of false allegations.

5. A client reported that \$200.00 was missing from his home. He just wanted the agency to know this, but wasn't making an allegation against the staff. There were many individuals who had been in and out of the home. Is this reportable by the agency?

Yes, this would be reportable. Although the client did not make an allegation against a specific staff person, he reported it to the agency. There is clearly an implication that a staff member may have taken the money.

6. An agency was notified by the police that a client had reported that her wallet had been stolen. She wasn't sure when, but thought maybe her caregiver had taken it. A few days later, the agency learned that the client's wallet had been turned in at a local Walmart where she remembered she had been shopping. Is this reportable by the agency?

Yes, it is reportable because the client alleged a staff person may have taken her wallet. Later in the investigation, it was learned the wallet had been found at Walmart. The client had been shopping at the store and lost the wallet. AT THIS POINT, WE WOULD DEACTIVATE THE OCCURRENCE BECAUSE THERE WAS NO MISAPPROPRIATION.

7. An agency learned that a family member, who is a POA (power of attorney) for a patient, has been embezzling the patient's funds for his own use. Is this reportable by the agency?

No, it is not reportable. However, the agency should assure that the client knows who to inform about the embezzlement (police, Adult Protection etc.).

NOTE: Allegations of misappropriation by a staff person are reportable as an occurrence even if the agency or facility reimburses the patient/client.

MISSING PERSONS

"Any time that a resident or patient of the facility cannot be located following a search of the facility, the facility grounds, and the area surrounding the facility and there are circumstances that place the resident's health, safety or welfare at risk or, regardless of whether such circumstances exist, the patient or resident has been missing for eight hours." 25-1-124 (2)(c), C.R.S.

1 Element Needed:

- At risk and missing after search conducted OR
- Missing more than eight hours, regardless of risk
- 1. A caregiver was accompanying a client on a shopping trip. The caregiver went outside the store to take a cell phone call and when she returned could not locate the client. She contacted the agency and another person from the agency came to pick her up and they drove around the area searching. They discovered that the client's car was gone from the parking lot and when they returned to the home, they found the client at home. Is this reportable by the agency?

In order to determine if this meets the elements for reporting, you would need to determine if the client was at risk. It would not be reportable if the client is independent and not in need of staff supervision. If the client is at risk it would be reportable as she was not located during the search of the store and parking area.

2. An employee of an agency saw a television story that an elderly person had wandered away from their home and was missing. It was one of their clients. The facility staff was not in the home or involved when this happened. Is this reportable by the agency?

No, it would only be reportable if the staff person was providing necessary supervision to the client.

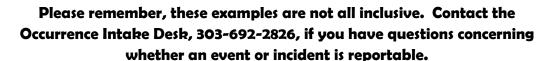
A family member who is employed as the client's caregiver, and who lives with the client
called the agency and reported that the client had left and had been gone for 2 days. He
reported that this is a common occurrence and that the client always shows up in a couple
of days.

Is this reportable by the agency?

Yes, because the family member is also a staff member (and lives with the client 24/7) and the client has been missing longer than 8 hours.

4. The agency tried to do a discharge visit with a client who was no longer homebound. The RN made several phone calls during the week and left voice messages when there was no answer. They left messages with the emergency contact people which were never returned. They went to the client's home and knocked on the door and windows. The blinds were pulled. They contacted the police and were informed that when the police

by phone the next wee	went to do a welfare check, they found the apartment empty. They tried to reach the by phone the next week and got a message that the phone had been disconnected. Is this reportable by the agency?						
No, it would not be report member when the client	table because the clien went missing.	t was not under the s	upervision of any sta	ıff			



NEGLECT (*Also see burn examples)

"Any occurrence involving neglect of a patient or resident as described in Section 26-3.1-101 (4)(b), C.R.S."; [25-1-124(e) C.R.S.]

Caretaker neglect which occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for the patient or resident (at-risk adult) or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise; except that the withholding of artificial nourishment in accordance with the 'Colorado Medical Treatment Decision Act', Article 18 of Title 15, C.R.S., shall not be considered as abuse.

1 Element Needed:

- Failure to provide any care or services as provided above resulting in actual harm OR
- Staff member has a history in the past 12 months of similar neglect and had been counseled and/or re-educated

OR

Staff member intentionally failed to follow standard of practice and/or facility policy with significant potential for harm



*Burns are rarely reportable due to the large size (20% of body area) that must be met. However, as a rule, most burns have been reportable due to equipment malfunction/misuse or neglect.

1. A PCP left a client unattended in a shower chair with hot water running. The client's right foot was in the water, and the client could not determine if the water was too hot or not. The PCP returned, adjusted the water and continued bathing the client. After the shower was over, the PCP was drying the client off when the client's son came into the room and noticed a burn on the client's foot. The client was sent to the emergency room. The PCP was counseled to never leave a client unattended in a shower. Is this reportable by the agency?

Yes, because the staff member's actions were neglectful. It is not reportable as a burn as it does not meet the size requirement, 20% of the body.

2. The sister of a client, who is employed by the agency as his caregiver, took the client to a friend's house. The client is a ventilator dependent quadriplegic. The caregiver/sister decided to stay the night and not return the client back to their home. She plugged his backup ventilator, which is located on the back of his power wheelchair, into an outlet that was later determined not to have power. At 8:00 AM the next morning, the ventilator alarm went off as both the battery and the backup battery had run out of juice. The caregiver sent the friend out to the van to get the client's ambu bag, which should be by the client's side at all times, so he could be manually ventilated. The friend found the van locked and had to come back in and hunt for the keys. The keys were found and the ambu bag retrieved, and the caregiver/sister began manually ventilating the client. 911 had been

called and the paramedics arrived and began CPR as they said that the client had no heartbeat. The client was transported to the hospital, and did survive. Is this reportable by the agency?

Yes, the sister was also a staff member and was neglectful by not having his ambu bag available and not checking the power source. The client was harmed and required hospitalization.

 A family member called the agency to file a complaint that a nurse did not make a skilled visit the night before. The nurse was contacted and admitted she did not go to the visit because she was having car problems. She did not contact the agency that she would not be going.

Is this reportable by the agency?

Yes, because the nurse would be aware that she need to notify the agency of her inability to make the visit. It would be a standard of nursing practice not to abandon a patient.

4. A nurse reported to her agency that she had concerns about a client's safety and unhealthy living situation. The client lives with his son. The nurse reported that the client was not bathing and was refusing assistance. The son was not completing assistive tasks to ensure proper nutrition and food in the home. She reported that the house was dirty with food crusted dishes on the counter and in the sink. The client has dementia and needs care 24/7. The client did not know where his son was. Meds were missing from the client's medication carousel, and the nurse did not know if the son was taking them. She called to refill a prescription and was told that the prescription had already been refilled and they were waiting for the son to pick it up. Adult Protective Services was contacted. Is this reportable by the agency?

No, it is not reportable as an occurrence because it is not a staff member who is being neglectful. The agency does need to contact Adult Protective Services and document what actions they are taking.